

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)										Complete this information if this is a continuation sheet		PAGE <u>1</u>
	Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationship to employee and marital status of children (unless information is shown on the travel authorization.)	Complete only for actual expense travel	Col. (d) thru (g) } Show amount incurred for each meal, including tax and tips, and daily total meal cost.	(h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or if travel on actual expense, show the lesser of the amount from col. (J) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, rental, relocation other than subsistence, etc.	of <u>2</u> Pages		TRAVEL AUTHORIZATION NO.				TRAVELER'S LAST NAME PUBLIC		
	TRAVEL AUTHORIZATION NO.												

DATE	TIME	DESCRIPTION <small>(Departure/arrival city, per diem computation, or other explanations of expense)</small>	ITEMIZED SUBSISTENCE EXPENSES										AMOUNT CLAIMED			
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER			
			BREAK-FAST	LUNCH	DINNER	TOTAL								(l)	(m)	(n)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)			
1 Oct		incl. Spouse Jane&James 9 yrs				73 50		172 50	246 00			246 00	13 00			
2 Oct		(115*2)+(115*50%)=287.50				73 50		172 50	246 00			246 00	13 00			
3 Oct		287.50*60%=172.50				73 50		172 50	246 00			246 00	13 00			
4 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
5 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
6 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
7 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
8 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
9 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
10 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
11 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
12 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
13 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
14 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
15 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
16 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00			
Subtotals											3690 00	208 00				
TOTALS											3690 00	208 00				

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

<p>In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011 (b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigation or prosecutions, or when</p>	<p>pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in the Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.</p>	<p>Enter grand total of columns (l), (m), and (n), below and in item 13 on the front of this form.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">TOTAL AMOUNT CLAIMED</td> <td style="text-align: center;">▶ See Next Page</td> </tr> </table>	TOTAL AMOUNT CLAIMED	▶ See Next Page
TOTAL AMOUNT CLAIMED	▶ See Next Page			

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED	INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)										Complete this information if this is a continuation sheet		PAGE 2																
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TRAVEL AUTHORIZATION NO.																													
TRAVELER'S LAST NAME																													
PUBLIC																													

DATE	TIME (Hour and am/pm)	DESCRIPTION (Departure/arrival city, per diem computation, or other explanations of expense)	ITEMIZED SUBSISTENCE EXPENSES												MILEAGE RATE		AMOUNT CLAIMED		
			MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER						
			BREAK-FAST	LUNCH	DINNER	TOTAL													
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)						
19 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
18 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
19 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
20 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
21 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
22 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
23 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
24 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
25 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
26 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
27 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
28 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
29 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
30 Oct		Atlanta				73 50		172 50	246 00			246 00	13 00						
SUBTOTALS												3444 00	182 00						
TOTALS												7134 00	390 00						

If additional space is required, continue on another SF 1012-A BACK, leaving the front blank.

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TOTAL AMOUNT CLAIMED		7,524

Employee with Spouse and one dependent under 12 years old in hotel second 30 days M&IE & lodging reduced to 60%.